

Vermont Integrated Services Initiative Full Day Review

1. This is a draft of what a schedule may typically look like. Agency leaders may rearrange this schedule for their convenience.
2. Choosing which programs to be assessed is up to you. We recommend that you choose programs that you are interested in learning about. Some agency directors have elected to have a range of programs assessed, one they feel has more developed services for persons with co-occurring disorders, and one that they feel less certain about.
3. Your program will be assessed using the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index. The DDCAT was developed by Dr. Mark McGovern from Dartmouth Medical School, and is being used by twenty states to guide services for persons with co-occurring disorders. The DDCAT has been adapted for mental health programs, and is also being tested in primary care and general medical settings

Meeting	Time	Notes
Meeting with Agency Management Team	9 am – 9:30	Review DDCAT Goals and next steps Explore current co-occurring work as it affects the entire agency
Meeting with the leaders of the programs being assessed	9:30 – 10:00	Program specific work on co-occurring services
Tour of Program (s)	10:00 – 10:30	May need more time depending on size and location of programs. Also, need a tour of main facility if the main facility is not the program being assessed.
Meeting with clinicians either individually or in a small group	10:30 – 11:15	Discussion on the clinical approach to co-occurring conditions and integrated treatment
Meeting with consumers/peers either individually or in a small group	11:15 – 12:00	Should invite area peer advocacy (MH and Sub Use) organization to be part of this process.
Working lunch	12:00 – 12:45	VISI team will have lunch and dialogue with program staff or have lunch on their own to discuss the morning.
Review of program brochure, policy and procedure manual, intake form and admission forms, telephone screening forms program schedule, consent to treat forms, HIPAA form and other forms describing program clinical operations	12:45 – 1:30	Please have one set of materials collated for review.
Review of sample of patient records 10 – 15 for each program being reviewed	1:30 – 2:30	No HIPAA protected information is extracted from records during the site visit, and no staff members are identified in reports. Programs may have site visitors complete a confidentiality form or a sign in sheet upon entry into the agency.
VISI Team Meeting	2:30 – 3:15	Prepare initial summary feedback
Review and wrap up with agency and program leaders	3:15 – 4:00	Provide initial, summary feedback for Executive Director, Management Team and Program Leadership

Benefits to Participating in the Program

- Each agency will receive incentive funds to participate in this program.
- This process will help you to get an objective evaluation of your program, and position you with other clinical program innovators in the State of Vermont that are interested in making positive change.
- This process is collaborative and constructive. You will learn about your program. You will receive a formal written report describing your program, and for each program assessed you will receive a graphic depiction of your programs' alignment of key practice benchmarks.
- In addition to a written report and graphic, we also can discuss concrete strategies to enhance your services for persons with co-occurring disorders. You will also receive a toolkit manual that will provide you with practical and concrete examples of how to enhance services. Included in the toolkit are actual screening measures, program forms, and other resources that could be immediately implemented.
- You will receive ongoing technical assistance and training.
- You will receive ongoing clinical consultation.
- You will receive a confidential annual evaluation of your progress.

Expectations when participating in this program

- Each agency will receive an initial program assessment as described above.
- Each program will be assisted in conducting a "walk through" review of their agency with the first year.
- Each program will be assisted in developing an integrated services action plan for people with co-occurring substance use and psychiatric disorders based on the assessment.
- Each agency regardless of the program(s) it chooses to focus on will be expected to screen for co-occurring substance use and psychiatric disorders across all programs in the agency.
- Each program participating will be expected to screen, assess and plan to treat people with co-occurring substance use and psychiatric disorders.
- Each agency will be expected to participate in four to six trainings per year on co-occurring substance use and psychiatric disorders.
- Each agency will participate in regularly scheduled technical assistance meetings designed to enhance services and increase communication.
- Each agency will participate in a clinical consultation meeting regarding difficult cases and barriers to care six to twelve times per year.
- Each agency will participate in a confidential annual evaluation of its progress in providing co-occurring services.
- Each agency will be expected to provide data for the federally mandated Co-occurring Outcome Measures.